IFW #

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Hotton et al.	)	Examiner: P. Hirsch
		)	
App. Serial No.:	10/708,293	)	Confirmation No.: 2292
		)	
Date Filed:	February 23, 2004	)	Art Unit: 3753
		)	
For:	BALL VALVE SEAT SEAL	)	Attorney Docket No.: 22188/06779

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

  Attached hereto is a Terminal Disclaimer to Obviate A Double Patenting Rejection and a Request for Recordation of Assignment. A check in the amount of $170 is attached to cover the $130 Terminal Disclaimer fee and the $40 Recordation fee.

  In response to the Office Action dated December 10, 2004, Applicants hereby submit the following amendments and remarks.

  Please amend the application as follows:

1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number: 10|708293

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
TOTAL CLAIMS		NUMBER EXTRA	BASIC FEE	375.00	OR	BASIC FEE	750.00
FOR	NUMBER FILED	NUMBER EXTRA					
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* —	X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	2 minus 3 =	* —	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+140=		OR	+280=	
			TOTAL		OR	TOTAL	770-

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	* 9	Minus ** 20	= —	X$ 9=		OR	X$18=	
Independent	* 3	Minus *** 3	= —	X42= 43		OR	X84= 86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				+140=		OR	+280=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

3-14-05 LA

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	* 11	Minus ** 20	= /	X$ 9=		OR	X$18=	
Independent	* 4	Minus *** 3	= 1	X42= 100	100	OR	X84= 86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				+140=		OR	+280=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	*	Minus **	=	X$ 9=		OR	X$18=	
Independent	*	Minus ***	=	X42= 43		OR	X84= 86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				+140=		OR	+280=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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